



G P 287/
Practitioner's Docket No. 47,964(904)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: M. Yamahara et al.
Application No.: 08/997,219
Filed: 12/23/1997
For: LIQUID CRYSTAL DISPLAY DEVICE

Group No.: 2871
Examiner: Parker, K.

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

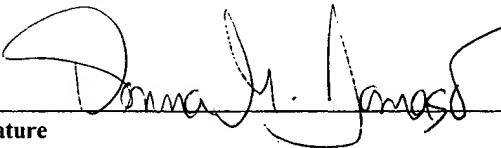
deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: January 4, 2000

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Signature



Donna M. Tomaso
(type or print name of person certifying)



FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	30	Minus	28	= 2	x \$18 = \$36
Indep.	4	Minus	3	= 1	x \$78 = \$78
First Presentation of Multiple Dependent Claim			+ \$0 =	\$0	
			Total	Addit. Fee	<u>\$114</u>

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

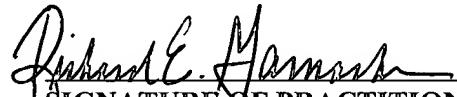
Total additional fee for claims required \$114.00

FEE PAYMENT

5. Attached is a check in the sum of \$114.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 04-1105.
If any additional fee for claims is required, charge Account No. 04-1105.


SIGNATURE OF PRACTITIONER

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